



**CANDIDATE'S STATEMENT OF ORGANIZATION AND  
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

**(CFA-1)**

State Form 4604 (R12/9-09)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.**

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

**SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Last Name BAUMBART II		First Name RONALD		Middle Name ALFRED		Nickname		3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee			
4. Mailing Address 7010 McFARLAND RD				5. FAX (Optional) 317,786-3083		6. E-mail Address (Optional) rbaumbart@hotmail.com					
7. City SOUTHPORT		State IN		ZIP Code 46227		8. County MARION		9. Telephone (Day) 317,652-0054		10. Telephone (Evening) 317,652-0054	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other						12. Office Sought (Include district number, if any. Not required for an exploratory committee.) MAYOR SOUTHPORT					

**SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name COMMITTEE TO ELECT DR. RON BAUMBART FOR MAYOR OF SOUTHPORT											
14. Mailing Address <input type="checkbox"/> Check if this is a new address 7010 McFARLAND RD						15. FAX (Optional) 317,652-3083		16. E-mail Address (Optional) rbaumbart@hotmail.com			
17. City SOUTHPORT		State IN		ZIP Code 46227		18. County MARION		19. Telephone 317,652-0054		20. Committee Organization Date (MM-DD-YY) 2/5/15	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson											
22. Mailing Address <input type="checkbox"/> Check if this is a new address 7010 McFarland Rd.						23. FAX (Optional)		24. E-mail Address (Optional)			
25. City SOUTHPORT		State IN		ZIP Code 46227		26. County MARION		27. Telephone (Day) 317,652-0054		28. Telephone (Evening) 317,652-0054	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) FIBER REGIONS BANK											
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)										31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

**SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.				Person Appointed Treasurer Dr. Ron Baumgart		Signature of the Committee Chairperson Dr. Ron Baumgart					
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer											
34. Mailing Address <input type="checkbox"/> Check if this is a new address 7010 McFarland Rd.				35. FAX (Optional)		36. E-mail Address (Optional)					
37. City SOUTHPORT		State IN		ZIP Code 46227		38. County MARION		39. Telephone (Day) 317,652-0054		40. Telephone (Evening) 317,652-0054	

**SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment	
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**SECTION E. CERTIFICATION OF STATEMENT**

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Dr. Ron Baumgart		Signature of Chairperson Dr. Ron Baumgart		Date (MM-DD-YY) 2/5/15	
43. Typed or Printed Name of Candidate Dr. Ron Baumgart		Signature of Candidate Dr. Ron Baumgart		Date (MM-DD-YY) 2/5/15	

**Warning:** State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

**FILED**

FEB 05 2015

Myla A. Eldridge